

The Webinar will begin promptly at 12:00pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact



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HARM REDUCTION 101: HARM REDUCTION BASICS AND LESSONS FROM THE FIELD

PRESENTED BY:

Kima Taylor, MD, MPH

Caitlin Thomas-Henkel, MSW

Sari Frankel, MPH

Tuesday,

May 25, 2021

12:00 – 1:00pm EST

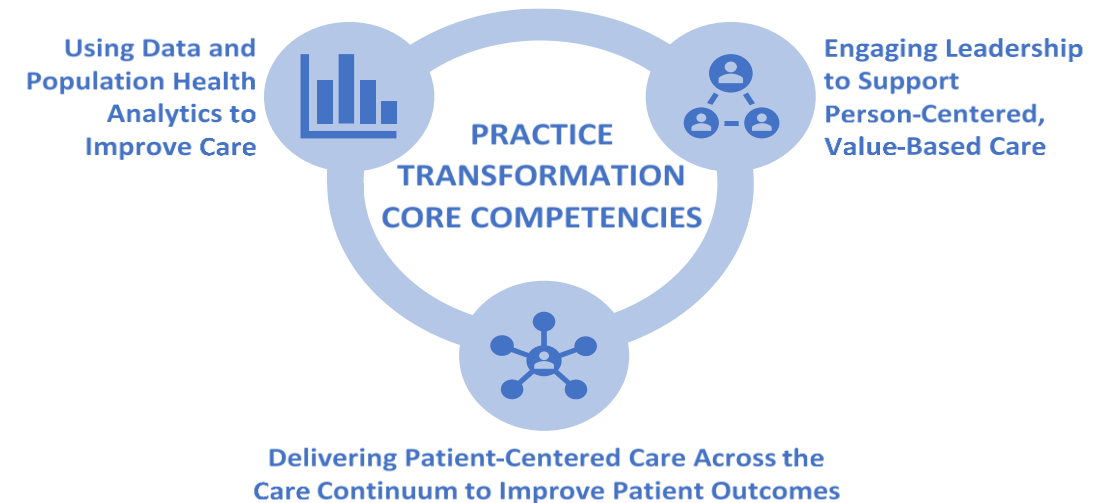
The Integrated Care Technical Assistance Program (ICTA) is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS THE ICTA PROGRAM?



- >> The Integrated Care Technical Assistance Program (ICTA) is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- >> The ICTA Program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



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DISCLOSURES



Faculty	Nature of Commercial Interest
Kima Taylor, MD, MPH	Dr. Taylor discloses that she is an employee of Anka Consulting Firm, LLC. She discloses that she is a subcontractor for the Foundation for Opioid Response Efforts.
Caitlin Thomas-Henkel, MSW	Ms. Thomas-Henkel discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Sari Frankel, MPH	Ms. Frankel discloses that she is an employee of DC Department of Behavioral Health.
Elizabeth Wolff, MD, MPA CME Reviewer	Dr. Wolff discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.



- »» What is Harm Reduction and why it is important
 - »» Philosophy
 - »» Practices
- »» Harm reduction in health services and as part of an integration strategy
- »» The future of Harm Reduction
 - »» Federal and Local Policies
- »» Closing Remarks/Q&A

OBJECTIVES

- » Explain the harm reduction movement
- » Define harm reduction and its principles
- » Identify different harm reduction practices in substance use and other areas of health
- » Define the importance of harm reduction in developing patient centered culturally and linguistically effective integrated health services
- » Understand DC's past and present harm reduction portfolio
- » Identify Federal policy legislative changes that embrace harm reduction



Image permitted by DC Department of Health Care Finance

Despite what we may hear, see
and believe: most people with
substance use disorders do
NOT want to be using drugs and
alcohol in a harmful way



>> *When you hear the words harm reduction what comes to mind?*

WHY HARM REDUCTION IS IMPORTANT

Harm reduction/Secondary Prevention SAVES LIVES and helps people be as healthy as possible-much like these practices in the context of other chronic diseases

Addresses uniquely stigmatized and marginalized populations that make people targets for judgement and scorn

It is important to include harm reduction practices in any integrated continuum of care; this does not mean every provider can or will provide culturally and linguistically effective harm reduction services just as not every provider can or will provide culturally and linguistically effective cardiology services

WHAT IS HARM REDUCTION?

➤ *Harm reduction refers to policies, programs and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights - it focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.*

- *Harm Reduction International ; [What is harm reduction? | Harm Reduction International \(hri.global\)](#)*

- » **Accepts, for better or worse**, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
- » **Understands drug use as a complex, multi-faceted phenomenon** that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others
- » **Establishes quality of individual** and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies
- » **Calls for the non-judgmental, non-coercive provision of services** and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

HARM REDUCTION PRINCIPLES



- » Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them
- » Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use
- » Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
- » Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use



Photo courtesy of Unsplash

Harm Reduction Coalition; [Harm Reduction Principles | National Harm Reduction Coalition](#)

»» NOT JUST OPIOID RELATED!

- »» Originated in the 60s and 70s as an alternative to criminalizing drug use
- »» Used as a prevention and education strategy for HIV/AIDS & IV drug use among sex workers
- »» Should utilize harm reduction for all chronic health concerns and for people who use all types of drugs
- »» There is no one size fits all set of services!
- »» Opioids opened the door for expansion




Photo courtesy of Unsplash

- » Can you name other harm reduction practices?
- » We will have a discussion post-chat

***FENTANYL TEST
STRIP TRAINING
PRESENTED BY
SARI FRANKEL –
DC
DEPARTMENT OF
BEHAVIORAL
HEALTH***





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**Federal Grantees May
Now Use Funds to
Purchase Fentanyl Test
Strips**

Federal Grantees May Now Use Funds to Purchase Fentanyl Test Strips

New Guidance Aims to Reduce Drug Overdose Deaths

Press Release

For Immediate Release: Wednesday, April 7, 2021

Contact: [Media Relations](#)
(404) 639-3286

The Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced today that federal funding may now be used to purchase rapid fentanyl test strips (FTS) in an effort to help curb the [dramatic spike in drug overdose deaths](#) largely driven by the use of strong synthetic opioids, including illicitly manufactured [fentanyl](#).

Image: <https://www.cdc.gov/media/releases/2021/p0407-Fentanyl-Test-Strips.html>

WHAT DOES THIS MEAN FOR DC PRACTITIONERS?



- » Still exploring options for DBH to disseminate and reallocate funding to grantees—stay tuned!
 - » BTNX “Rapid Response” brand recommended as they have been the most studied
- » Only extending funding to SOR grantees at this time; non-grantees can still purchase directly
- » If you practice outside of DC, check in with your local health authority for guidance

WHAT ARE FENTANYL TEST STRIPS?

- » A test strip that can detect the presence or absence of fentanyl or multiple fentanyl analogues
 - » Inexpensive (\$1/strip)
 - » Portable
 - » Fast
 - » Highly sensitive
 - » No special equipment

FINDING 1

Fentanyl testing strips had the lowest detection limit and the highest sensitivity and specificity for fentanyl of the technologies assessed.

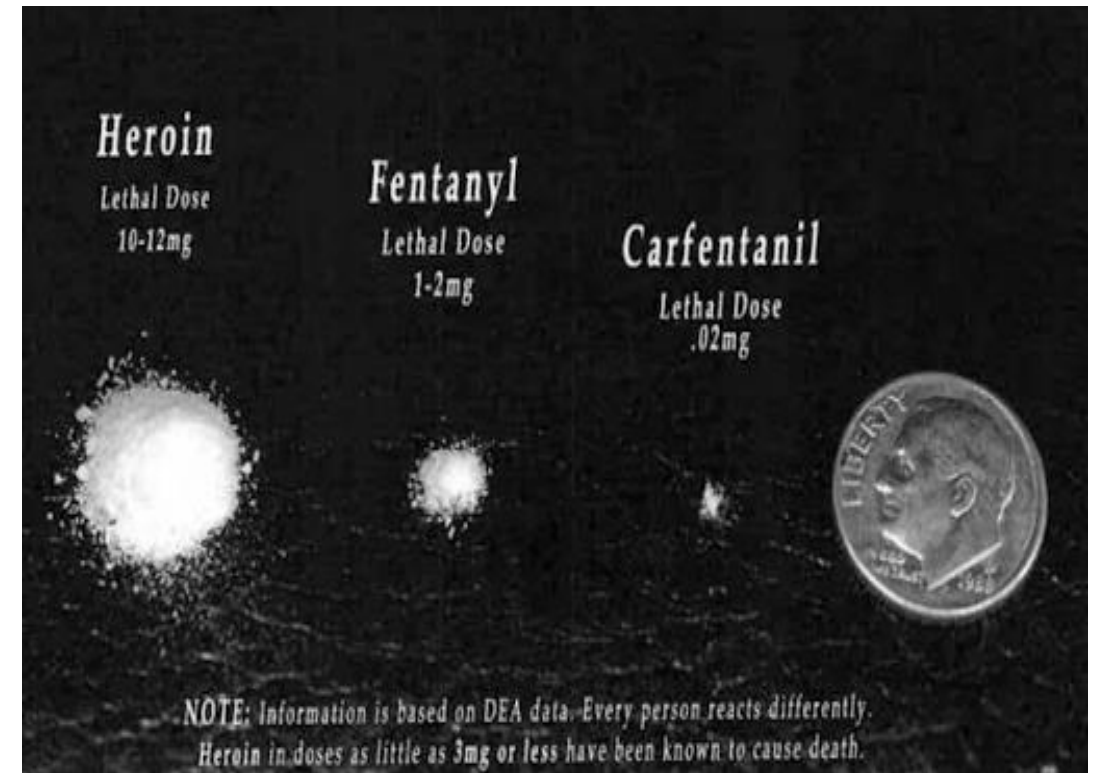
TECHNOLOGY	DETECTION LIMIT	SENSITIVITY		SPECIFICITY	
		Rhode Island Lab	Baltimore Lab	Rhode Island Lab	Baltimore Lab
BTNX Fentanyl Testing Strips (immunoassay)	0.13 micrograms/ml	96%	100%	90%	98%
TruNarc (Raman Spectroscopy)	25 micrograms/ml	4% (61% with SERS kit)	4% (39% with SERS kit)	100% (92% with SERS kit)	98% (92% with SERS kit)
Bruker Alpha (FTIR Spectros-	3-4% weight, which is compa-	83%		90%	

Bloomberg American Health Initiative

https://americanhealth.jhu.edu/sites/default/files/website-media/resources/Fentanyl_Executive_Summary_032018.pdf

WHY CHECK YOUR DRUGS? BECAUSE YOU CAN'T TELL JUST BY LOOKING!

- » Both are white or gray powders
- » Strong odors or taste is usually due to adulterants



<http://www.lonepeaklookout.com/news/drugs-valley>



Positive for fentanyl



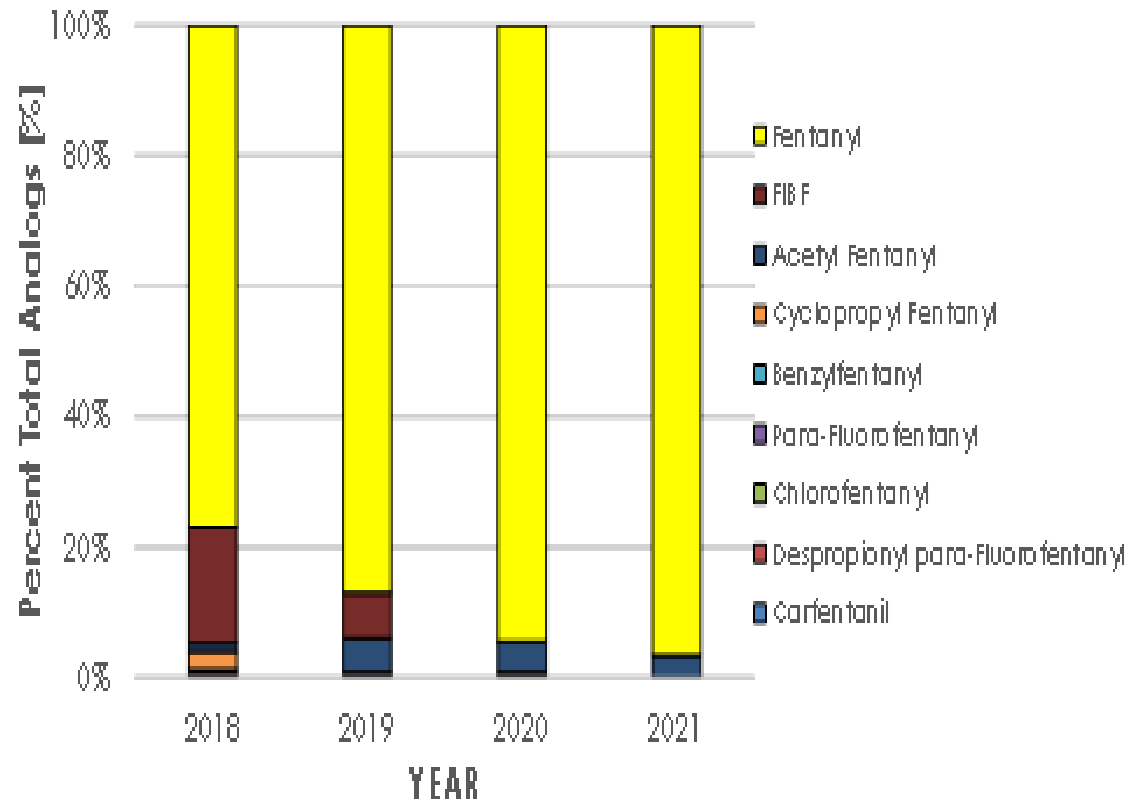
Use caution



**No drug use is 100% safe.
Use with someone else around and always have naloxone**

Image: <https://preventoverdoseri.org/fentanyl-test-strips/>

FENTANYL IN DC



DC Department of Forensic Sciences

FENTANYL ANALOGUE LIST

CARFENTANIL	BUTYRYL FENTANYL
P-FLUORO FENTANYL	ACETYL FENTANYL
VALERYL FENTANYL	FURANYL FENTANYL
3-METHYL FENTANIL	OCFENTANIL
SUFENTANIL	REMIFENTANIL

<https://www.lochnessmedical.com/Product/Fentanyl-Test-Strips-and-Kits/2002> (cross-referenced with the analogs on the BTNX website)

FTS ARE JUST ONE TOOL IN THE TOOLBOX

- » Never use alone
- » Go slow
- » Carry naloxone (Narcan)
- » Don't mix substances



Image: <https://filtermag.org/go-slow-fentanyl-harm-reduction/>

HARM REDUCTION FOUNDATION

RISK

- What issue is being presented?
- What other possible sources of harm might be connected to the main issue?
- What drug is being used? What is the risk of overdose?

SET (MINDSET)

- How are they feeling? Confident? Angry? Anxious?
- Are they physically in pain or hurt? Do they need to get well?
- Can they engage with you fully? Are their basic needs being met?

SETTING

- What is the physical environment where the potential harm is occurring? In a home? At work? On the street?
- Who is around them? Police, bystanders, other participants? How does the person present to these people? How will they react?



The physical and social environments of where the person is, and their perception of how that can promote/reduce risk

- Medications; prior to the current opioid crisis, medications were deemed “harm reduction;” vilified and eschewed by physical, mental and substance use systems
 - <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0178-6>
- Syringe Exchanges; developed by and for communities in response to HIV taking lives
 - [A brief history of syringe exchange in the United States \(confex.com\)](#)
- Naloxone was also ignored, vilified prior to current crisis
- All of the above had scientific research demonstrating they saved lives, but the moral frame led people to say and accept that these life saving practices were simply encouraging drug use

- » Medications; seen by most as a required part of the treatment portfolio and movement to ensure low barrier access to medications including mobile access
- » Syringe Exchanges; SLOWLY being embraced by more communities due to the current opioid crisis and HIV outbreaks. Federal legislation currently STILL bans purchasing of actual needles but there is movement as we will discuss later
 - » [Federal Funding for Syringe Services Programs | CDC](#)
- » Naloxone; first approved for first responders who appear "first on the scene"
- » Easy access for all to have and carry in the event of overdose
- » Using in pairs/ drug checking
- » Syringe exchange
- » HIV & Hep B & C testing
- » Safe consumption sites

HARM REDUCTION PRACTICES-ALCOHOL

- » BRIEF INTERVENTION!!!
- » Uber after going out and are unable to drive
- » Eating and alternating drinking water
- » Understanding and discussing social norms
- » Reduce the number of drinks or binge drinking episodes
- » Never drinking alone
- » Heavy alcohol use, diabetes and insulin dosing

HARM REDUCTION PRACTICES- STIMULANT USE



- “Drink plenty of water, get adequate sleep, and eat proper foods,” “start low and go slow” to help avoid overamping
- Understanding the role of unmet social needs & motivation (e.g., staying up all night for safety on the streets) and helping people identify safe strategies
- Safer pipe and smoking equipment, sterile syringes
- Switching from IV drug use to smoking
- Contingency management
- Supervised consumption sites
- Some are more universal
 - Carry condoms
 - Substance use management (SUM) education, awareness

Stimulant Use: Harm Reduction, Treatment, and Future Directions, Drug Policy Alliance
https://drugpolicy.org/sites/default/files/dpa_report_stimulantharmreduction_0.pdf



Photo courtesy of Unsplash



Photo courtesy of Unsplash

- >> What are some harm reduction practices you use at your organization?
- >> Wait to press enter

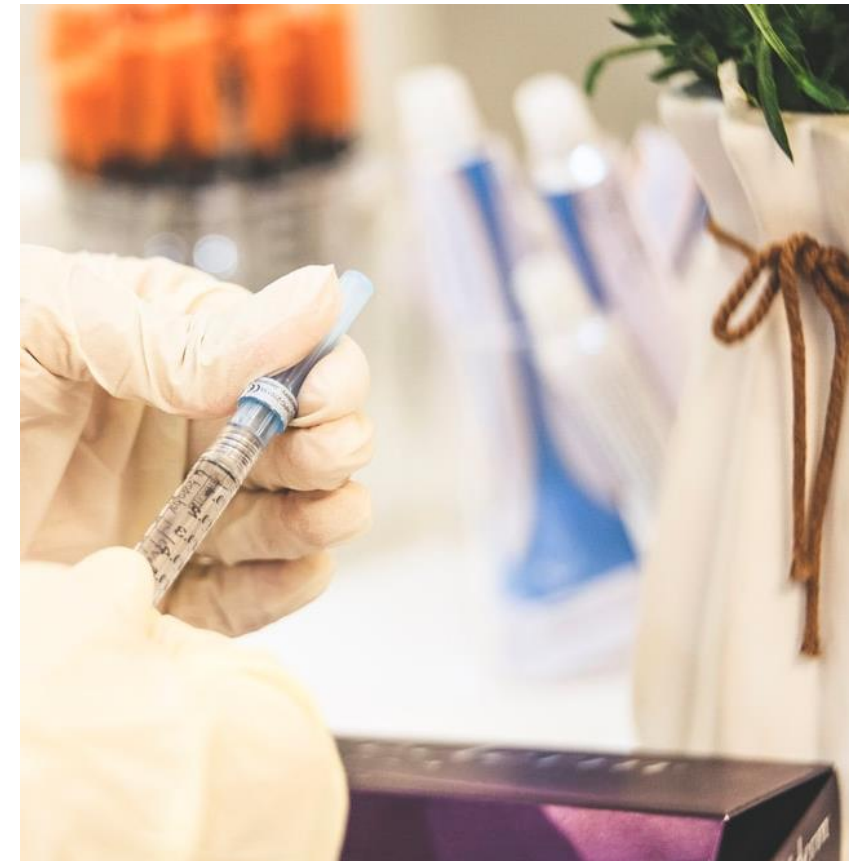
- » “Meeting people where they are at, but you do not leave them there”
 - » Rajani Gudlavaletti
- » Strategies
 - » Culturally and linguistically effective mobile services
 - » Culturally and linguistically effective outreach of different types; including but not limited to peers
 - » Assessment for and access to basic human services
 - » Addressing physical and behavioral health
- » Recognition that many of these strategies are not necessarily sustainably covered, but there is slow movement

DISTRICT AND FEDERAL HARM REDUCTION “EFFORTS”



» Syringe Exchange

- » 1980's/90's- Despite repeated federal ban, activist and communities developed and grew syringe exchanges; eventually State and City health departments began to fund these efforts with local tax dollars
- » 2007- DC was allowed to use its tax dollars to support syringe exchanges (Congress had imposed a DC specific ban)
- » 2009 Obama lifted the ban but it was reinstated by Republicans in 2011
 - » Though resistance to SEP's was bipartisan throughout history
- » 2016 legislation passed to allow federal funding to be used but not for the syringes



DISTRICT FUNDED SYRINGE EXCHANGE/HARM REDUCTION PROVIDERS

- » Bread for the City
1525Seventh Street, NW
WDC 20001
(202) 386-7020
- » Family and Medical Counseling Services, Inc.
2041 Martin Luther King Ave., SE
WDC 20020
(202) 889-7900
- » HIPS
906 H Street, NE
WDC 20018
(202) 232-8150
Hotline: (800) 676-HIPS (4477)
- » Call each site for more information
- » <https://dchealth.dc.gov/service/needle-exchange-nex>





NEW FEDERAL HARM REDUCTION EFFORTS

- » The current opioid crisis has seen the expansion of some harm reduction practices though often still in the face of deep political push back
- » Federal Funding for Fentanyl test strips
 - » [Unlocking federal funding for fentanyl test strips will save lives - STAT \(statnews.com\)](https://www.statnews.com/2021/05/12/fentanyl-test-strips-funding/)
- » Harm Reduction Receives Unprecedented \$30 Million in Federal Funding through American Rescue Plan Act
 - » <https://www.vitalstrategies.org/harm-reduction-receives-unprecedented-30-million-in-federal-funding-through-american-rescue-plan-act/>



NEW FEDERAL HARM REDUCTION EFFORTS



-
- » The Biden-Harris Administration's Statement of Drug Policy Priorities for Year One
 - » Expanding access to evidence-based treatment;
 - » Advancing racial equity issues in our approach to drug policy;
 - » Enhancing evidence-based harm reduction efforts;
 - » Supporting evidence-based prevention efforts to reduce youth substance use;
 - » Reducing the supply of illicit substances;
 - » Advancing recovery-ready workplaces and expanding the addiction workforce; and
 - » Expanding access to recovery support services

THREE TALKING POINTS



- » Harm reduction saves lives and is an important part of a community based culturally and linguistically effective continuum of integrated health services
- » Harm reduction practices are ubiquitous throughout health care and should be available and reimbursed for Substance Use Services
- » Federal government is moving towards development of policies and practices that will support harm reduction service provision so stay alert

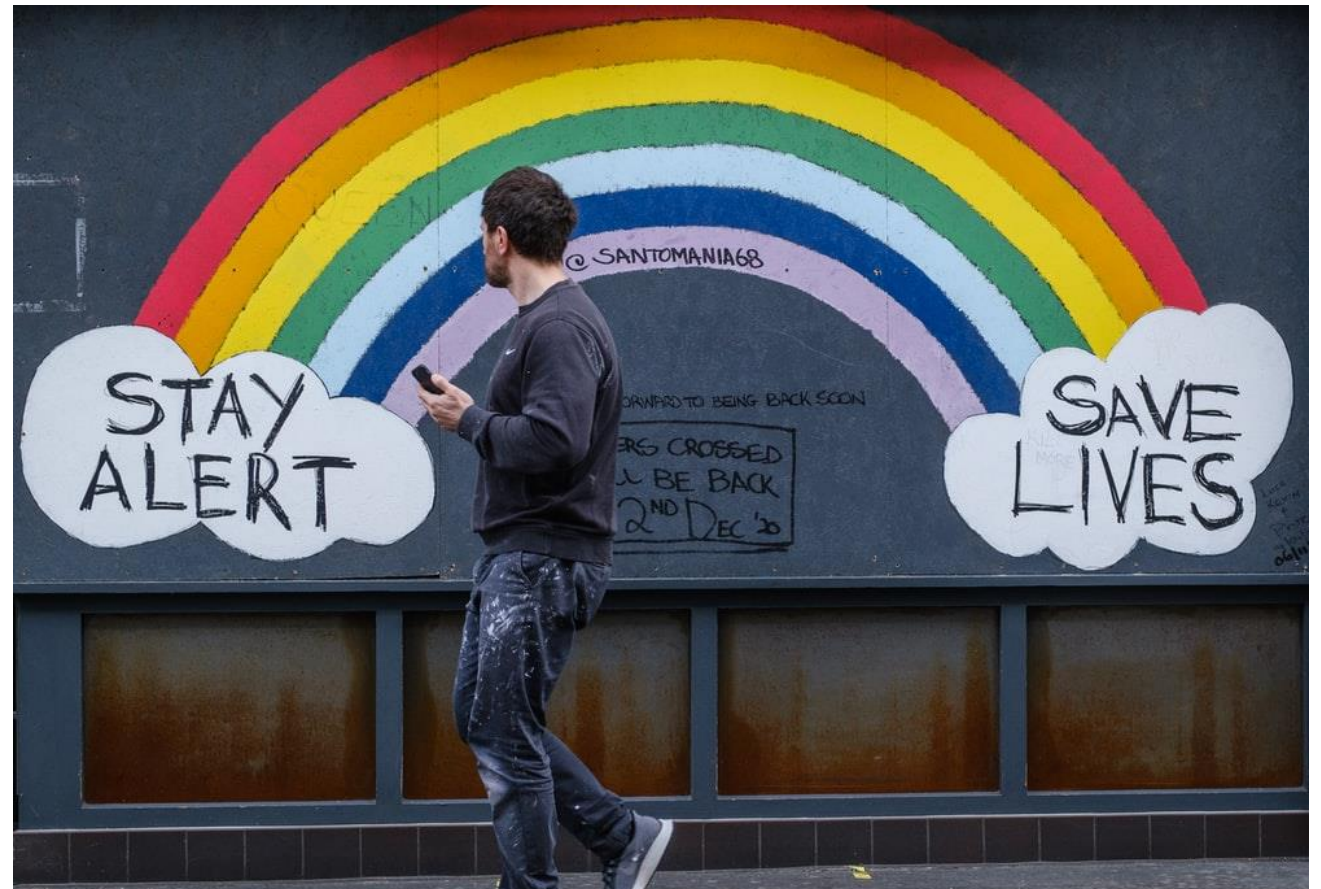


Photo courtesy of Unsplash

Q&A

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As a result of
this webinar, I
understand
(check all that
apply):

- a. What is meant by the term harm reduction
- b. Examples of different types of harm reduction practices
- c. Federal movement towards the inclusion of harm reduction services

- >> Please complete the online evaluation! **If you would like to receive CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- >> The webinar recording will be available within a few days at:
<https://www.integratedcaredc.com/learning/>
- >> **TA Office Hour:**
 - >> Thursday, May 27, 2021, 12:00 – 1:00pm EST with Kima Taylor, MD, MPH
*The Zoom link for this webinar will provide you access to the TA Office Hour
- >> **Upcoming Webinar/TA Office Hour:**
 - >> *Effective Strategies to Enhance Transitions of Care for Justice-Involved Populations*, Tuesday, June 15, 2021, 11:00am-12:00pm EST
 - >> TA Office Hour: Thursday, June 17, 2021, 11:00am-12:00pm EST
- >> For more information about the DC Integrated Care Technical Assistance Program, please visit:
<https://www.integratedcaredc.com/>